

Massachusetts Division of Health Care Finance and Policy

Health Insurance Status of Massachusetts Residents

Fifth Edition

December 2006

Amy M. Lischko, Commissioner



Mitt Romney, Governor
Commonwealth of Massachusetts

Timothy Murphy, Secretary
Executive Office of Health and Human Services

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A Word About the Division

Satisfying the Need for Health Care Information

The effectiveness of the health care system depends in part upon the availability of information. In order for this system to function properly, purchasers must have accurate and useful information about quality, pricing, supply and available alternatives. Providers need information on the productivity and efficiency of their business operations to develop strategies to improve the effectiveness of the services they deliver. State policy makers need to be advised of the present health care environment, as they consider where policy investigation or action may be appropriate.

As part of its health care information program, the Division publishes reports that focus on various health care policy and market issues.

The Division of Health Care Finance and Policy collects, analyzes and disseminates information with the goal of improving the quality, efficiency and effectiveness of the health care delivery system in Massachusetts. In addition, the Division administers the Uncompensated Care Pool, a fund that reimburses Massachusetts acute care hospitals and community health centers for services provided to uninsured and underinsured people.

Mission

To improve the delivery and financing of health care by providing information, developing policies, and promoting efficiencies that benefit the people of Massachusetts. Agency goals:

- Assure the availability of relevant health care delivery system data to meet the needs of health care purchasers, providers, consumers and policy makers;
- Advise and inform decision makers in the development of effective health care policies;
- Develop health care pricing strategies that support the cost effective procurement of high quality services for public beneficiaries; and
- Improve access to health care for low-income uninsured and underinsured residents.

Executive Summary

is the only available survey that has been developed and implemented specifically with the principal goal of obtaining timely and valid estimates of statewide health insurance coverage. Below are some highlights from the most current results including some interesting changes from earlier surveys.

At the time of the most recent household survey on health insurance status, 372,000 Massachusetts residents of all ages were uninsured. The percent of uninsured people in Massachusetts decreased significantly to 6% of the population in 2006 from 7.4%, or 460,000, in 2004. The decrease in the Massachusetts uninsured rate is evident in both children and adults.¹ A greater proportion (7.7%) of Massachusetts residents were either uninsured at the time of the survey or uninsured at sometime in the past twelve months (479,000 residents in 2006 compared with 630,000 residents in 2004). Most people in the United States, as well as in Massachusetts, obtain health insurance coverage through their jobs. One reason for the improvement in the health insurance coverage rate is due to the significant rise in the proportion of insured Massachusetts non-elderly residents who obtain health insurance coverage through their employer, increasing to 83% in 2006 from 79% in 2004.

This report is the fifth in a series of reports based on biennial surveys of health insurance coverage undertaken by the Massachusetts Division of Health Care Finance and Policy. There are a number of different surveys that include questions regarding health insurance coverage. The state-sponsored Survey of Health Insurance Status

Key Findings

- The statewide uninsured rate decreased significantly for non-elderly adults, 8.7% (328,000 adults) in 2006 from 10.6% (400,000 adults) in 2004.
- Insured Massachusetts non-elderly adults were significantly more likely to have obtained health insurance coverage through their employers in 2006 (85%) than in 2004 (83%).
- Much of the improvement in the adult uninsured rate is seen in young adults ages 19 through 24. These young adults were significantly less likely to be uninsured in 2006 (18.9%) than they were in 2004 (25.4%).
- Although fewer young adults were uninsured in 2006, those ages 19 through 24 were still much more likely to be uninsured than children or other adults ages 25 through 44 and ages 45 through 64.
- Adults ages 45 through 64 were also significantly less likely to be uninsured, with uninsured rates decreasing to 6% in 2006 from 7.9% in 2004.
- The majority of uninsured adults work (72.7%). Most of these working unin-

sured adults work for small firms (67.8%). About one-third (35.6%) of working uninsured adults reported that their employer offered health insurance (compared with 46.4% in 2004).

- Half of uninsured adults who worked for an employer that offered health insurance coverage reported that they were not eligible for the health insurance.
- Public programs and health care coverage for children remained effective. Massachusetts continued a long standing trend of extremely low numbers of uninsured children.
- Residents living in lower-income households, less than 200% of the Federal Poverty Level (FPL), were three times as likely to be uninsured (13.2%) as residents living in higher-income households (4.2%). In 2006, 200% of the FPL in Mas-

sachusetts was income of about \$19,606 for an individual.

- Consistent with earlier survey results, men were more likely to be uninsured than women. More than half of uninsured adults were men (57%).
- Although the Hispanic uninsured rate declined from 17% in 2000 to 12.7% in 2006, the Hispanic population remained disproportionately represented among the uninsured. Statewide the Hispanic population is about 8%, but 13% of the uninsured are Hispanic.
- Significant variation in uninsured rates was found by geographic location. Residents living in the metropolitan Boston region, the Northeast and Worcester regions were significantly less likely to be uninsured in 2006 than they were in 2004. The Southeast and West regions, experienced little change from 2004.

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Health Insurance Status of Massachusetts Residents, Fifth Edition

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Introduction

This report presents findings from the latest in a series of health insurance coverage surveys conducted under the auspices of the Massachusetts Division of Health Care Finance and Policy to monitor the insurance status of Massachusetts residents. At the time of the 2006 survey, 6% of Massachusetts' residents, approximately 372,000 individuals, were uninsured. This is a significant improvement over 2004, when 7.4%, or 460,000 individuals were uninsured. Although the improvement in the overall uninsured rate was evident across many demographic characteristics, such as age and gender, the likelihood of being uninsured tends to shift among specific sub-populations.

Males, young adults, people of color, unemployed persons, lower-income individuals, adults with less than high school educations, and never-married individuals continued to be more likely to be uninsured. Individuals living in the Southeast and West regions of the Commonwealth were more likely to be uninsured than those living in the other three regions. The 2006 survey data responses also showed that 8.5% of uninsured adults¹ speak Spanish at home compared to 3% of insured adults; about 15% of uninsured adults were born outside of the United States compared to 10% of insured adults.

Employment characteristics of the uninsured again changed from previous surveys. While the majority of the uninsured continued to be employed, significantly more were working in 2006 than were working in 2004 (73% versus 68%). Working uninsured adults were also less likely to be eligible for employer-offered health insurance coverage in 2006 than in 2004. One reason for this may be that more working uninsured adults were self-employed (29%) in 2006 than in 2004 (23%). Also, working uninsured adults were more than twice as likely to be employed in small firms,² where health insurance benefits are less likely to be offered, than were working insured adults. However, in an interesting development working insured adults, like the working uninsured adults, were also more likely to be employed by a small firm (30%) than they were in 2004 (23%). And while more than half of working insured adults worked for the same employer for more than five years (55%), only 33% of working uninsured adults reported working for the same employer for more than five years. In addition, many more working insured adults worked 35 hours or more a week (80%) than did working uninsured adults (67%).

Massachusetts uninsured adults were nearly four times more likely than insured adults to have less than a high school education. They were also much less likely to be married than insured adults.

Three-quarters of uninsured adults (76%) reported that they were willing to pay some amount for health care coverage. More than half (54%) of uninsured adults reported that they were willing to pay more than \$100 per month.

As with previous survey results, there continued to be distinct differences by

health insurance status with respect to utilization of health care services. Uninsured adults were much less likely to have visited a physician than insured adults; just over half of uninsured adults (51%) did not see a doctor compared to 13% of insured adults in 2006. This same variation by insurance status is also true for children, although to a lesser extent. About 18% of uninsured children did not visit a doctor's office, compared to 11% of insured children. There was very little difference between the uninsured and the insured with respect to reported emer-

gency room (ER) visits. The majority of both adults and children in Massachusetts did not visit an ER in 2006. However, in terms of dental office visits, there continues to be wide discrepancies between the insured and uninsured. Although most insured adults (84%) visited a dentist, fewer than half (47%) of uninsured adults saw a dentist in 2006. A similar pattern is seen with the children. While nearly all insured children (94%) reported a visit to the dentist, 65% of uninsured children visited a dentist's office in 2006.

Study Findings

and college plans, direct purchases from an insurance company/agent, or some other method remained fairly stable.

Demographic Profiles

Age, Gender and Marital Status

Massachusetts adults were significantly less likely to be uninsured in 2006 than they were in 2004. Just over 43% of the uninsured were ages 25 through 44 while less than one-quarter of young adults ages 19 through 24 were uninsured in 2006 (23%). For comparison purposes, 43% of insured adults also were ages 25 through 44, but only 9% of insured adults were ages 19 through 24. Both young adults and adults ages 45 through 64 were significantly less

Source of Insurance

The majority of insured non-elderly Massachusetts' residents continued to receive health insurance through an employer sponsored plan³ (83%) while Medicaid remained the second largest source of insurance. Also, the proportion of insured covered through Medicare, schools

Table 1: Percent of Uninsured within Age Group

	All Ages	Ages 0-64	Ages 19-64	Ages 0-18
1998	7.7%	8.5%	10.4%	4.5%
2000	5.9%	6.5%	8.0%	3.0%
2002	6.7%	7.4%	9.2%	3.2%
2004	7.4%*	8.3%*	10.6%*	3.2%
2006	6.0%*	6.8%*	8.7%*	2.5%*

*Statistically significant change from prior survey at 95% confidence.

Figure 1: Percent of Non-Elderly Uninsured within Age Group

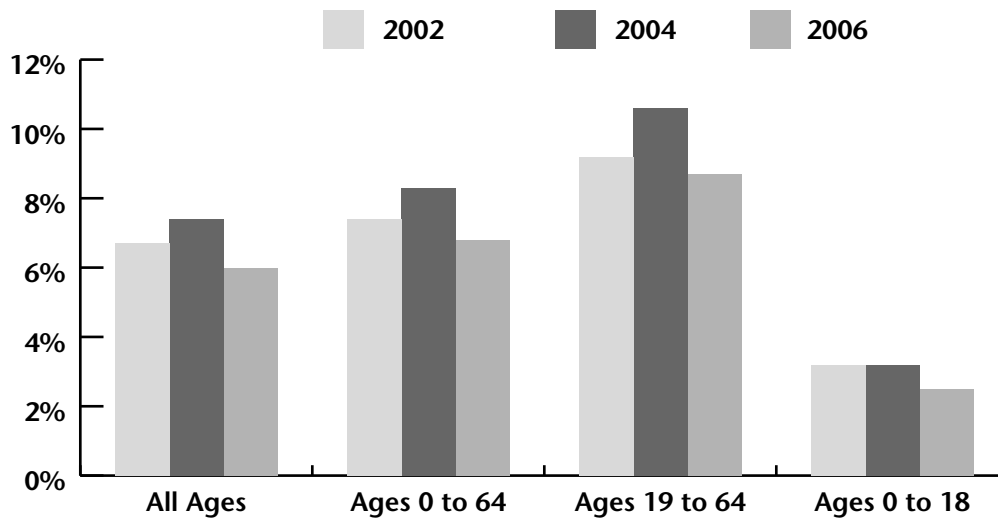
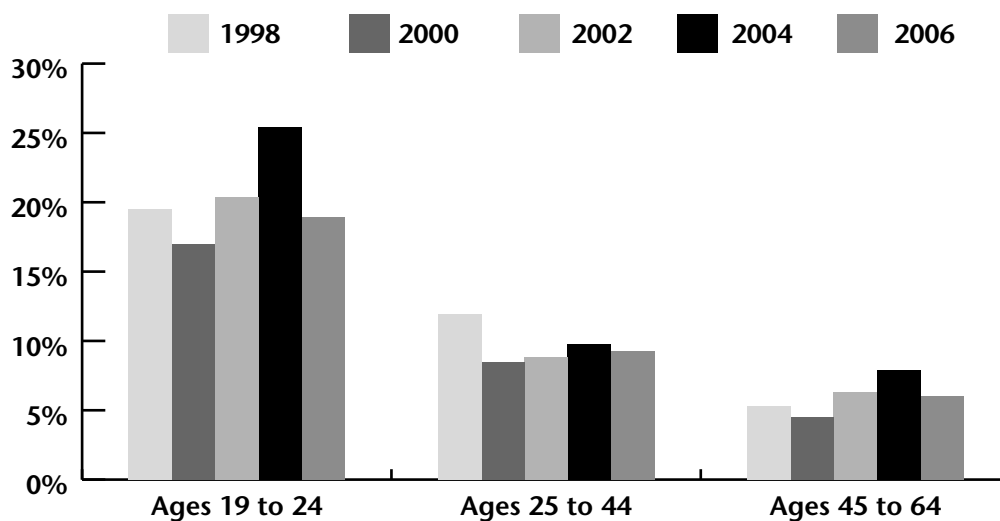


Figure 2: Percent of Non-Elderly Uninsured Adults within Age Group



likely to be uninsured in 2006 than in 2004 (15.9% versus 18.9% and 6.3% versus 7.9% respectively). Even the rate of uninsured children significantly declined to 2.5% in 2006 from 3.2% in 2004. The change in the uninsured rate for children was attributable to two subgroups, children ages 0 through 5, and children ages 13 through 18 (see Table 1, and Figures 1 and 2).

As in prior years, more men than women were uninsured, 57% compared to 43%. However, in 2006 there was a reversal of an earlier trend of increasing uninsured rates among both men and women since 2000 (see Figure 3). Both men and women were significantly less likely to be uninsured, while men continue to be much more likely to be uninsured than women in 2006. Changes in uninsured rates by gender varied by age group. Although the proportion of uninsured men ages 19 through 24

remained fairly constant at around 26%, the proportion of uninsured men ages 45 through 64 declined while the proportion of uninsured men ages 25 through 44 slightly increased (see Figure 4). In contrast, the proportion of uninsured women ages 19 through 24 and ages 25 through 44 declined slightly while the proportion of uninsured women ages 45 through 64 continued to grow (see Figure 5).

Fewer uninsured adults were married, declining to 32% in 2006 from 34% in 2004, while divorced, separated or widowed uninsured adults increased (see Figure 6). Unmarried uninsured adults were the most likely group within a marital status to be uninsured, with an uninsured rate of 17%, but each of the three uninsured adult groups by marital status were less likely to be uninsured in 2006 than in 2004 (see Figure 7).

Figure 3: Percent of Non-Elderly Uninsured within Gender

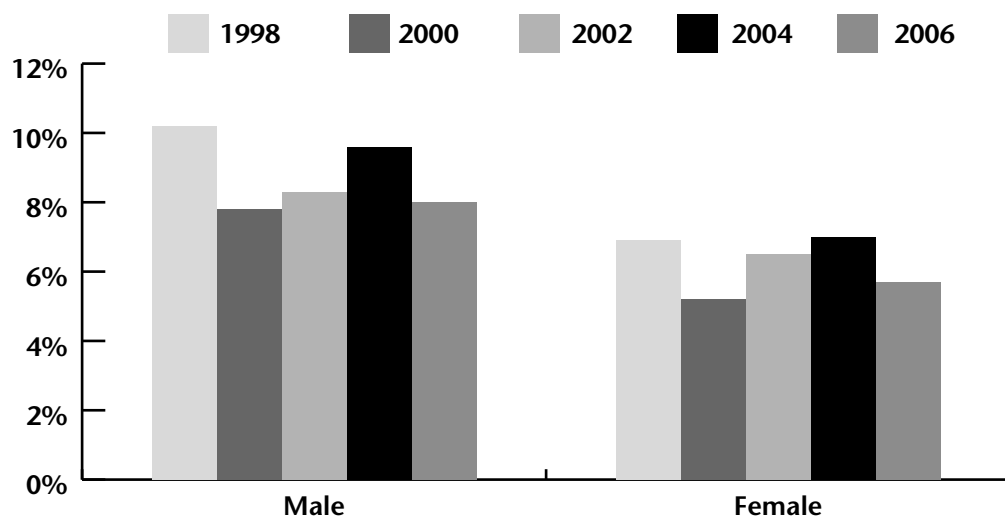


Figure 4: Percent of Uninsured Men by Age Group

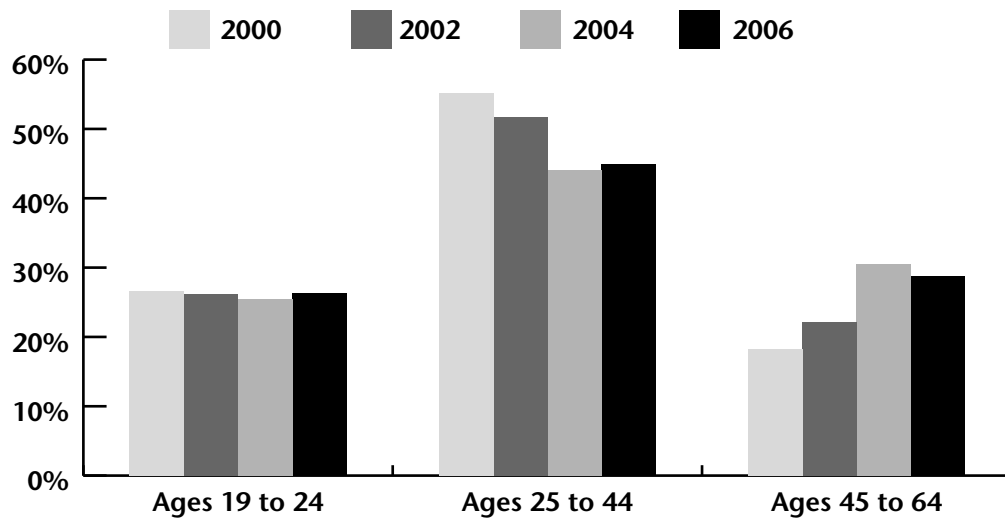


Figure 5: Percent of Uninsured Women by Age Group

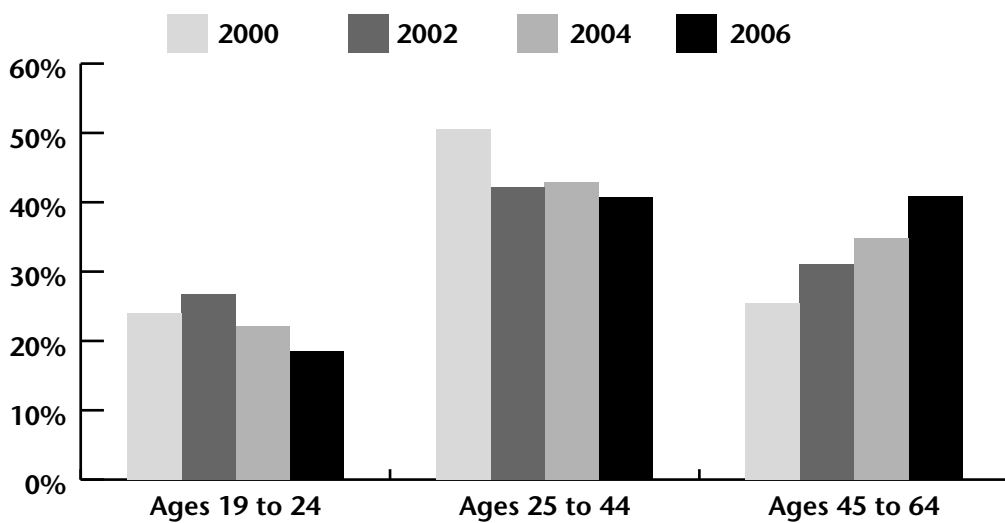
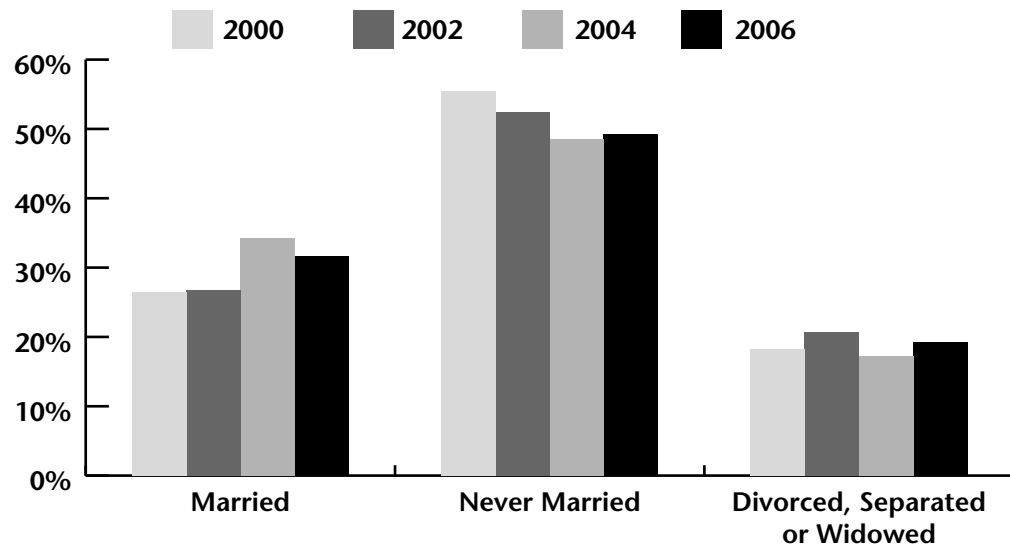


Figure 6: Percent of Uninsured Adults* by Marital Status

*Adults are individuals ages 19 through 64 unless otherwise noted.

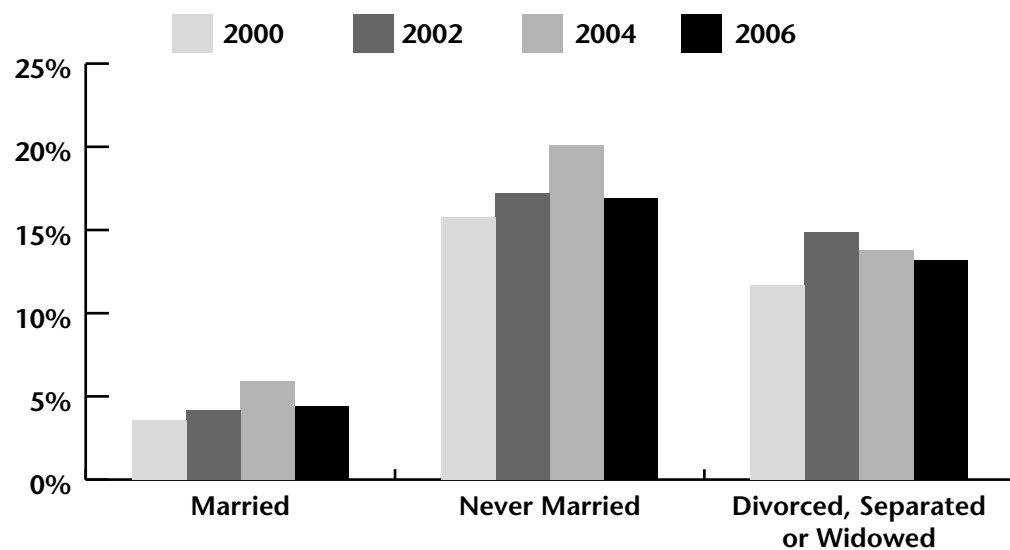
Figure 7: Percent of Uninsured Adults within Marital Status

Figure 8: Percent of Non-Elderly Uninsured within Race/Ethnicity

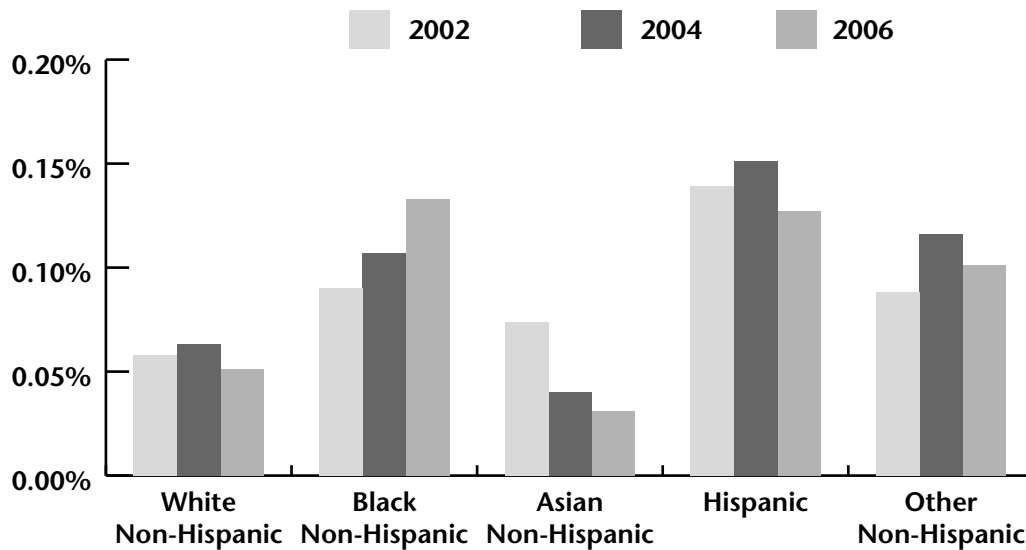


Table 2: Percent of Non-Elderly Uninsured within Race/Ethnicity

	White Non-Hispanic	Black Non-Hispanic	Asian Non-Hispanic	Hispanic	Other Non-Hispanic
1998	6.9%	15.5%	8.6%	19.0%	12.4%
2000	4.9%	10.9%	2.3%	17.0%	8.1%
2002	5.8%	9.0%	7.4%	13.9%	8.8%
2004	6.3%	10.7%	4.0%	15.1%	11.6%
2006	5.1%	13.3%	3.1%	12.7%	10.1%

Note: Caution is advised when interpreting these results; small sample size or non-response may explain most of the variation in uninsured rates within race/ethnicity.

Race/Ethnicity

The majority (68%) of the uninsured continued to be white. Yet, white Massachusetts residents were less likely to be uninsured than other racial/ethnic groups; blacks, Hispanics and other multiple racial/ethnic groups were much more likely to be uninsured than white residents. Uninsured rates for all but one of the racial/ethnic groups declined in 2006.⁴ Only uninsured black residents were more likely to be uninsured in 2006 compared with 2004, 13.3% versus 10.7%, while Hispanic residents experienced the biggest decline in uninsured rates, 12.7% versus 15.1% (see Table 2 and Figure 8).

Income

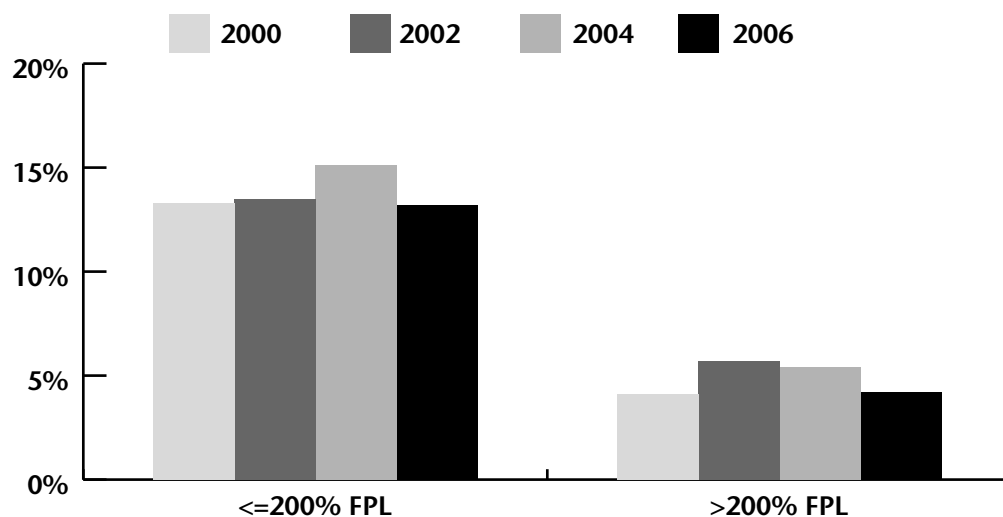
More than half of the uninsured lived in households earning more than 200% of the federal poverty level (FPL (62%)). In

2006 this was income of about \$19,606 or more for an individual. However, residents living in lower-income households (earning 200% or less of the FPL) were more than three times as likely to be uninsured as those living in moderate or high-income households. Lower-income households, as well as higher-income households, were less likely to be uninsured in 2006 than in 2004 (see Figure 9).

Region

A number of significant changes to the geographic distribution of the uninsured occurred in 2006 compared to 2004. About one-third of the uninsured resided in the Metro Boston region (35%), about the same as in 2004. Three of the five state regions experienced significant declines in their uninsured rates, Boston, the Northeast and Worcester. In the Northeast region, the unin-

Figure 9: Percent of Non-Elderly Uninsured within Income



Note: In 2002 the income questions were revised. This may have affected 2002 responses on income.

Figure 10: Percent of Non-Elderly Uninsured within Geographic Region

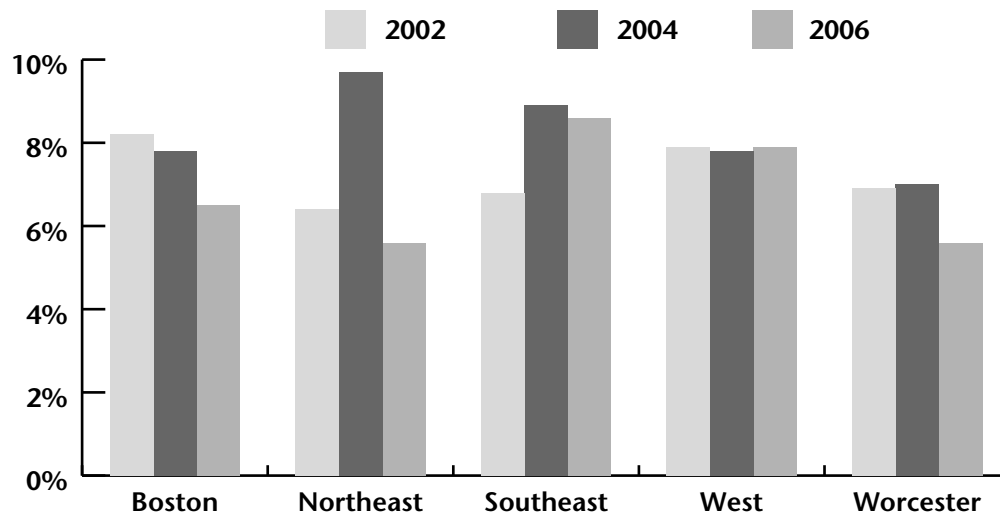
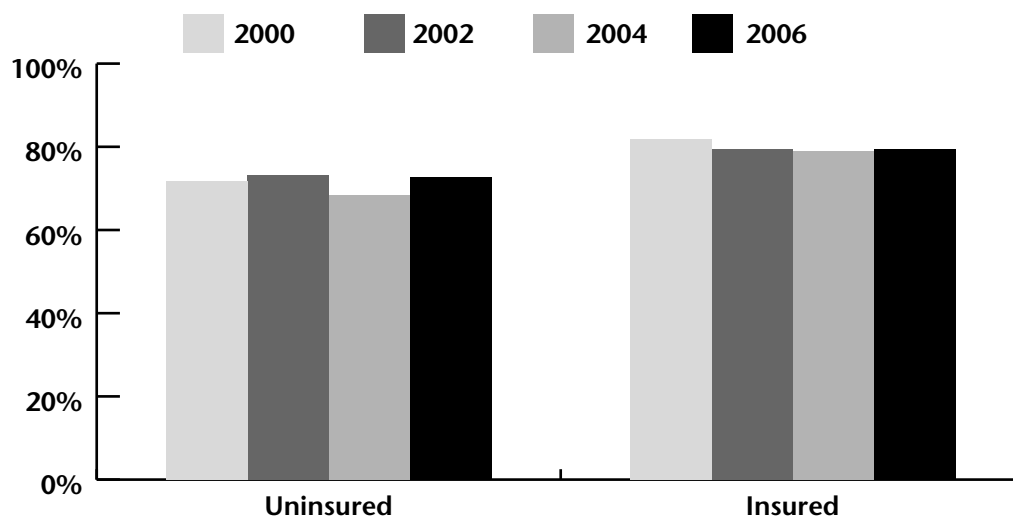


Figure 11: Percent of Working Adults by Insurance Status



sured rate decreased to 5.6% in 2006 from 9.7% in 2004, the Worcester region's uninsured rate declined to 5.6% from 7%, and in the Metro Boston region the rate decreased to 6.5% from 7.8%. The uninsured rates in the Southeast and West regions remained stable. In 2004, the Northeast region of the state had the highest uninsured rate, but in 2006 the Southeast region experienced the highest uninsured rate (8.6%) among the five regions (see Figure 10).

Working Uninsured

In 2006, there was a significant increase in the percent of uninsured adults who reported working, returning to the same proportion seen in 2002. Nearly three-quarters (73%) of the uninsured ages 19 through 64 were employed in 2006 compared to 68% in 2004. During the same time period, the percent of working insured

adults remained stable at around 79% (see Figure 11).

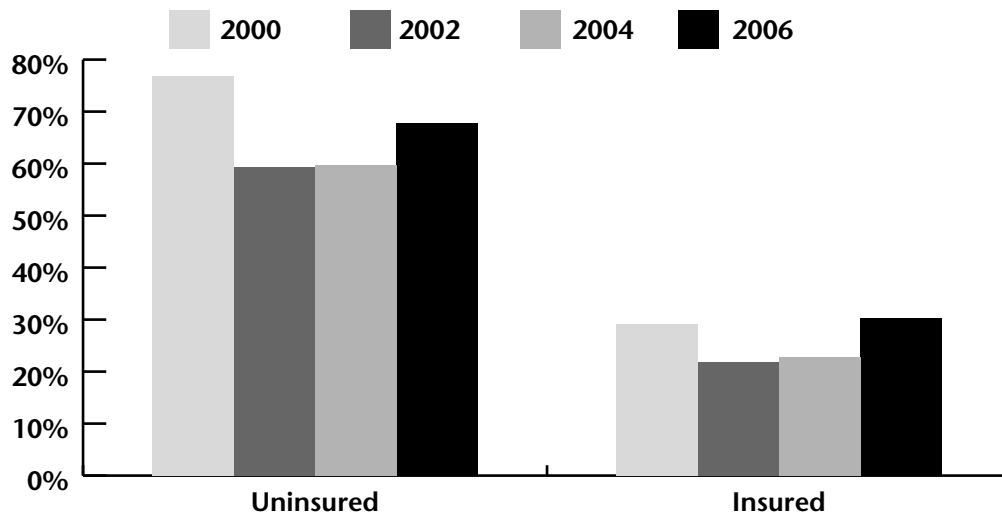
A large percentage of the working uninsured continued to be self employed, 29% in 2006, up from 23% in 2004. The working uninsured also continued to be significantly more likely to be self-employed than the working insured. Most working adults continued working solely for an employer, however in 2006, both uninsured and insured working adults were less likely to work solely for an employer than they were in 2004, 65% from 71%, and 84% from 86% respectively (see Table 3).

The proportion of working adults, both insured and uninsured, which were employed at small firms (fewer than 50 employees) increased in 2006 compared to 2004. Uninsured working adults, however, were more than twice as likely to work for small firms than insured working adults. In

Table 3: Percent of Working Non-Elderly Adults by Insurance Status and Type of Employment

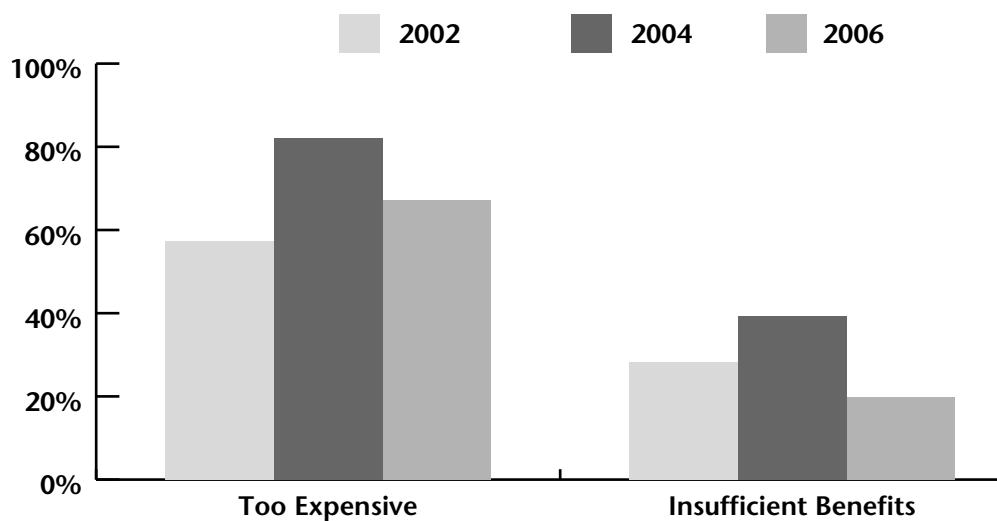
	Uninsured			Insured		
	Employer	Self-Employed	Both	Employer	Self-Employed	Both
2000	60.3%	29.4%	10.3%	87.4%	7.0%	5.5%
2002	72.2%	23.8%	4.0%	87.0%	7.8%	5.2%
2004	71.1%	22.9%	6.0%	86.4%	8.4%	5.2%
2006	65.4%	29.0%	5.6%	84.4%	10.8%	4.8%

Figure 12: Percent of Adults Working at Small Firms* by Insurance Status



*Small firms have fewer than 50 employees.

Figure 13: Top Two Reasons* Why Working Uninsured Adults Did Not Take Coverage when Their Employer Offered It



*Reasons are not mutually exclusive.

2006 small firms employed nearly 68% of working uninsured adults compared with 60% in 2004. Small firms employed 30% of working insured adults in 2006 compared with 23% in 2004. This is significant because small firms are less likely to offer health insurance, and when it is offered, the cost to the employee may be quite high (see Figure 12).

One impact of the growing majority of working uninsured adults being employed at small firms is that fewer reported that their employers offered health insurance coverage. Although nearly half of working uninsured adults said that their employer offered health insurance coverage in 2004 (46%), only 36% reported that their employer did so in 2006. In addition, half of working uninsured adults who reported that their employer offers health insurance coverage reported that they were not eligible for it.

Cost continued to be the most common reason for opting not to take employer-offered coverage; 67% of respondents said it was the main reason in 2006, down from 82% in 2004. Fewer respondents in 2006 felt that benefits offered were not sufficient, 20% compared with 39% in 2004 who gave this as a reason for not taking employer-offered coverage (see Figure 13).

There was also much variation in duration of employment by insurance status. More than twice as many uninsured workers as insured workers worked for the same employer for less than one year. However, in 2006 there was also some shifting, with more working uninsured working for their employer for more than five years, increasing to 33% from 27% in 2004. This also means that fewer uninsured workers worked for less than one year, or more than one year but fewer than five years for the same employer

Figure 14: Percent of Working Adults by Insurance Status and Length of Employment

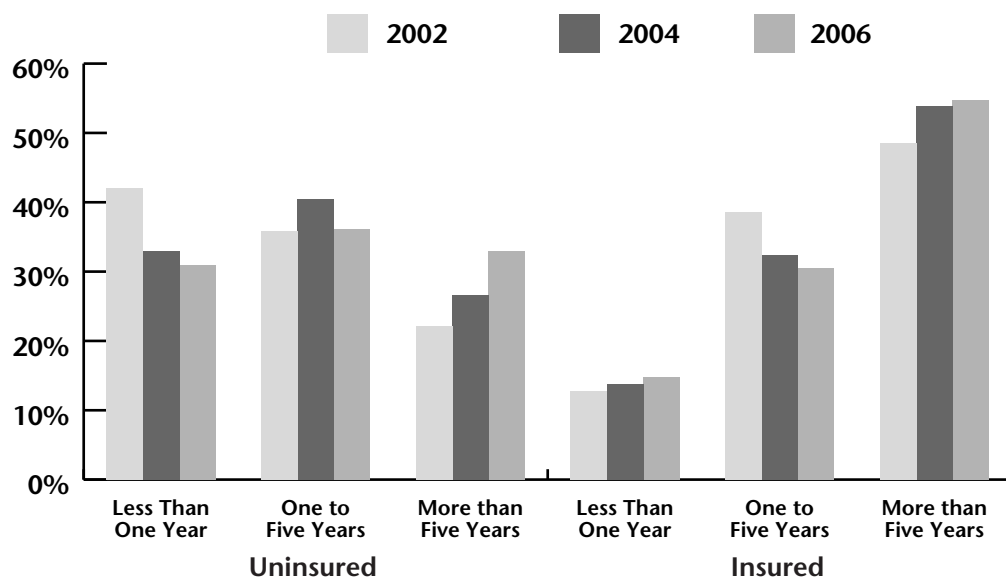
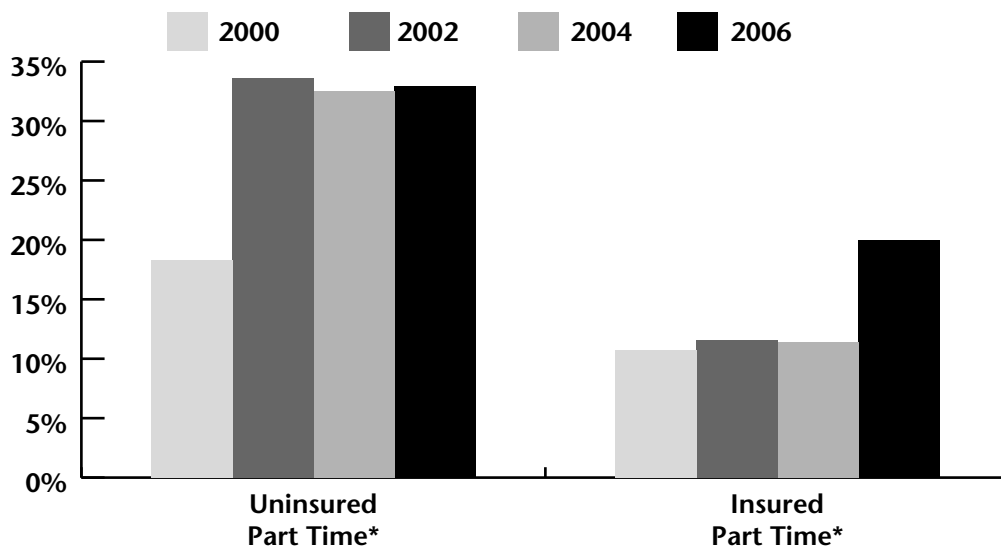


Figure 15: Percent of Part Time* Working Adults by Insurance Status



*Part time employment is fewer than 35 hours per week.

Table 4: Percent of Uninsured Adults by Income and Amount They Are Willing to Pay per Month for Coverage

	Low-Income*		Moderate/High-Income	
	\$1 to \$99	\$100+	\$1 to \$99	\$100+
2000	75.9%	24.1%	50.1%	49.9%
2002	63.5%	36.5%	45.1%	54.9%
2004	55.7%	44.4%	44.2%	55.8%
2006	62.8%	37.2%	40.9%	59.1%

*Low-income households reported income at or below 200% FPL.

Note: In 2002 the income questions were revised. This may have affected 2002 responses on income.

in 2006 than in 2004. The majority of working insured adults continued to work at the same place of employment for five or more years (55%), and, in contrast to the working uninsured adults, working insured adults were slightly more likely to have worked less than one year at the same job in 2006, 15% versus 14% (see Figure 14).

There was also significant variation in the number of hours worked by insurance status. As in 2004, uninsured working adults were much more likely to work part-time (33%) than insured working adults (20%). However, a big change occurred in 2006; the working insured were nearly twice as likely to work part-time in 2006 as they were in 2004, 20% versus 11% (see Figure 15).

Length of Time Uninsured

Based on adults who reported being uninsured at the time of the survey, most

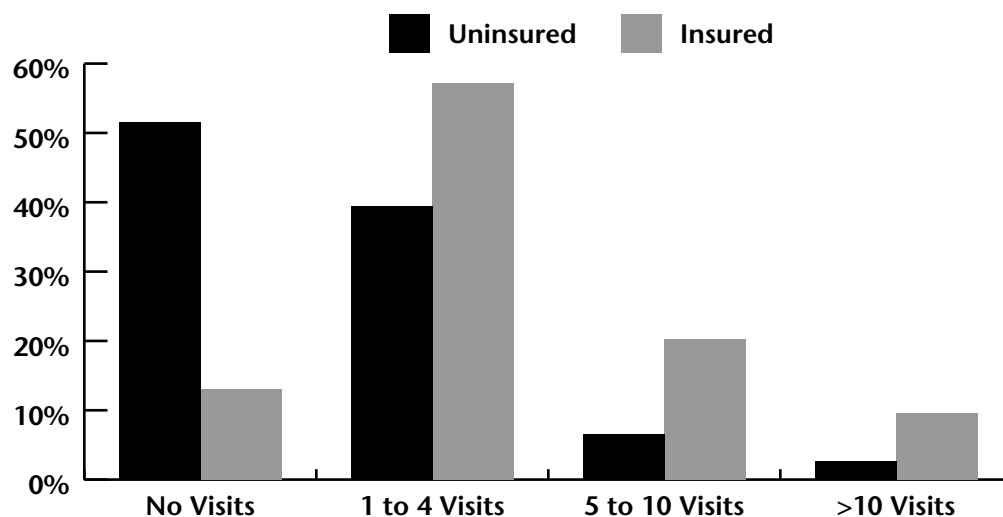
uninsured adults have been uninsured for a long time. Two-thirds (66%) of uninsured adults were without health insurance for more than one year, 19% were without coverage for six months or fewer and 15% were without coverage for seven to twelve months.

Willingness to Pay for Health Care

Three-quarters of uninsured adults reported that they were willing to pay some amount for health care coverage in both 2006 and 2004. Just over half of the uninsured adults in 2006 who reported that they were willing to pay would pay \$100 or more a month for health care coverage. This proportion was relatively unchanged from 2004.

Among those willing to pay the data illustrates a shift among uninsured adults by household income. Uninsured adults

Figure 16: Percent of Adults by Insurance Status and Number of Physician Office Visits, 2006



residing in low-income households reported being willing to pay less for health care coverage, with 37% willing to pay \$100 or more a month in 2006 compared to 44% in 2004. More than half (59%) of higher-income households (above 200% of the FPL) reported being willing to pay \$100 or more a month for health insurance (see Table 4).

Access to Care

Seventy-seven percent of insured adults reported needing some health care in 2006 compared to 59% of uninsured adults. Nearly all of the insured adults who needed care said they always or usually received it (95%) compared to 52% of the uninsured adults needing care who said that they received it.

Utilization of Services: Adults

Significant variations were found by insurance status with respect to utilization

of health care services. Uninsured adults were much less likely to have visited a physician office than insured adults. More than half of uninsured adults did not visit a physician in 2006 (52%), compared to only 13% of insured adults. The percent of uninsured adults who reported between one and four visits to a physician during the past year remained stable since the last survey at around 40%. Insured adults reported making many more visits to the physician office than uninsured adults. Just over 20% of insured adults visited a physician's office five to ten times, compared to 7% of uninsured adults (see Figure 16).

In 2006, the majority of both uninsured and insured adults continued to report no visits to the ER. The percent of uninsured adults reporting no visits to the ER increased slightly to 74% in 2006 from 72% in 2004. This also means that a some-

Figure 17: Percent of Adults by Insurance Status and Number of Emergency Room Visits, 2006

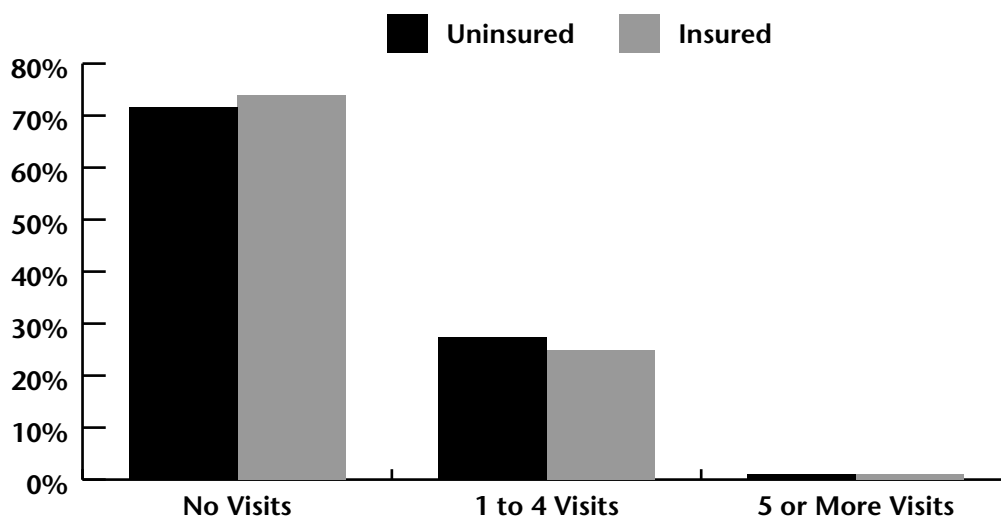


Figure 18: Percent of Adults by Insurance Status and Number of Dental Office Visits, 2006

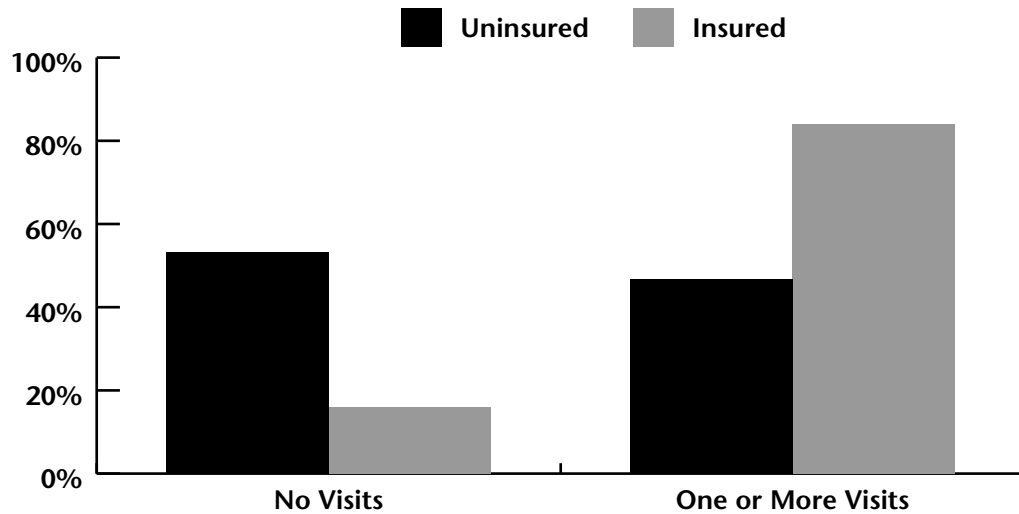


Figure 19: Percent of Children by Insurance Status and Number of Physician Office Visits, 2006

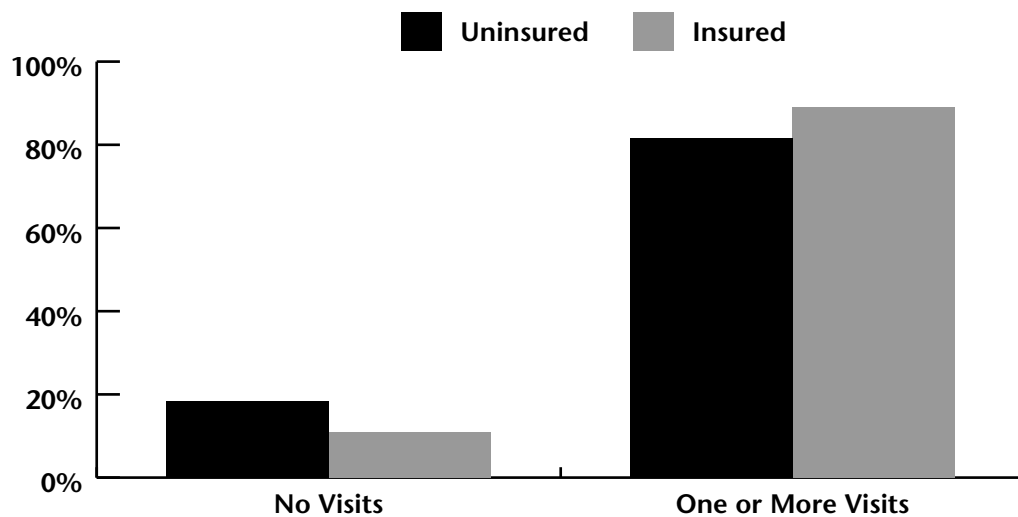


Figure 20: Percent of Children by Insurance Status and Emergency Room Visits, 2006

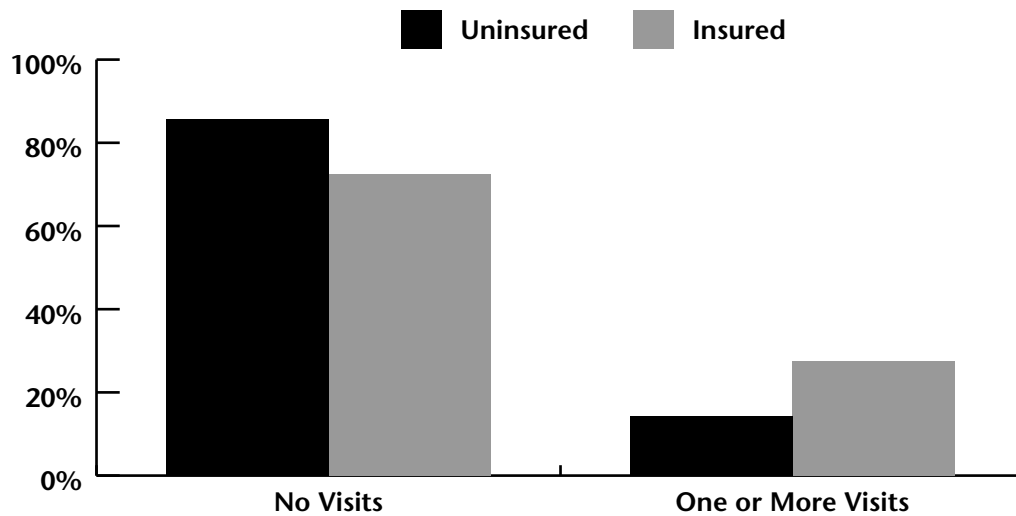
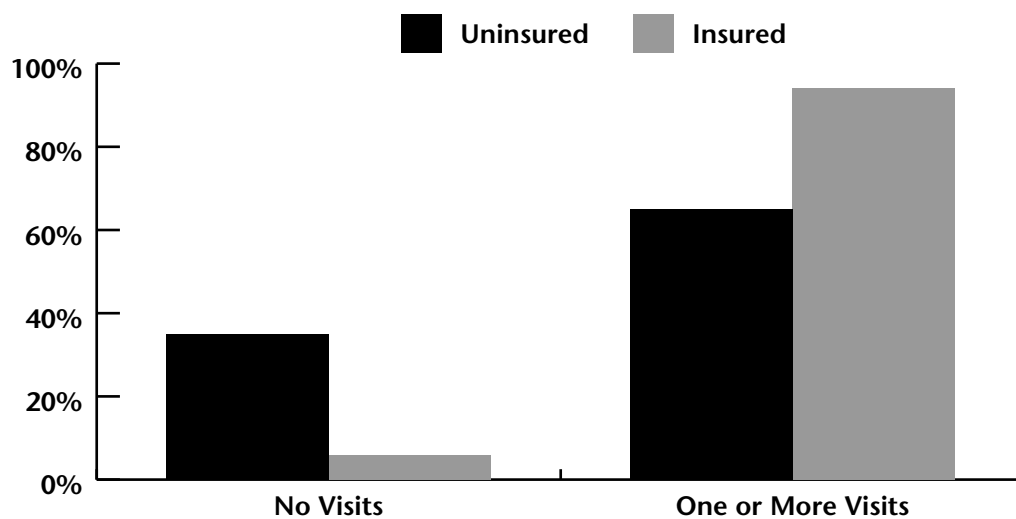


Figure 21: Percent of Children by Insurance Status and Dental Office Visits, 2006



what larger proportion of uninsured adults than insured adults (28% versus 26%) made one or more visits to the ER in 2006 (see Figure 17).

There was significant variation in the percent of adults who made dental visits by insurance status. More than half of uninsured adults (53%) reported no dental visits in 2006, compared to just 16% of insured adults. Insured adults were significantly more likely than uninsured adults to have had one or more dental visits in 2006 (see Figure 18).

Utilization of Services: Children

The majority of uninsured children reported one or more visits to a physician's office within the past year (82%). This is a large increase from 2004 when just 66% of uninsured children reported visiting a physician's office. In 2006 uninsured children were slightly less likely to have visited

a physician than insured children, 82% compared to 89% (see Figure 19).

Similar to the adults, the majority of both uninsured and insured children did not visit an ER in the past year. However, uninsured children were less likely to have visited an ER than insured children; 14% of uninsured children made one or more visits to an ER compared to 28% of insured children in 2006 (see Figure 20).

Again, in tandem with uninsured adults, uninsured children were significantly less likely to have visited a dentist than insured children. In 2006, 35% of uninsured children had no dental visits compared to 6% of insured children. This is an improvement over 2004 results when 43% of uninsured children reported no visits to the dentist. The majority of insured children (94%) made one or more visits to the dentist in 2006 (see Figure 21).

Endnotes

¹ Adults are defined as residents ages 19 through 64, unless otherwise indicated.

² Small firms are defined as businesses having 49 or fewer employees and large firms are defined as businesses having 50 or more employees.

³ Employers providing health insurance coverage include the military (i.e., Champus/Tricare or Veterans Administration), group purchasers (i.e., labor unions, professional associations, and past employers).

⁴ Caution is urged when interpreting variation in rates by race/ethnicities; sample size issues may explain much of the variation.

Appendix 1: Methodology

The Survey of Health Insurance Status of Massachusetts Residents is the only state-specific survey designed expressly to provide reliable estimates of the number of uninsured residents in Massachusetts. This survey provides statistically reliable estimates of uninsured rates on a statewide basis, as well as for five regions in the state. The survey design also allows for comparison of the data among each of the five years surveyed, 1998, 2000, 2002, 2004, and 2006.

As with prior years, the 2006 survey was developed through a collaborative effort between the Division of Health Care Finance and Policy and the Center for Survey Research (CSR) at the University of Massachusetts in Boston. The methodology used for the 2006 survey was similar to that used in the previous surveys. The same basic survey questionnaire with modifications was used. A few questions were refined, added or deleted based on feedback received from prior surveys and public policy needs. There are three major differences across all the survey years thus far.

First, after 1998, only “random digit dial” (RDD) telephone interviews, where the sample is drawn from telephone listings, were conducted. The 1998 survey also included an “area probability sample” (APS) or field survey. This field survey was based on a sample drawn from randomly

selected addresses and included face-to-face interviews with households that were difficult or impossible to reach via telephone. An analysis of the results obtained from the two methodologies in 1998 (RDD and APS) showed no statistically significant differences in the estimate of the state uninsured percent or other factors. Since the results were similar and it is quite expensive to conduct a survey using the APS methodology, a decision was made to conduct future surveys exclusively using the RDD methodology.

Second, the 2000 and 2002 surveys included a survey of additional households in five urban areas in order to develop valid estimates of the percent uninsured and identify characteristics of the uninsured in these urban areas. The five urban areas are: Boston, Springfield, Worcester, Lowell/Lawrence and New Bedford/Fall River.

And third, beginning with the 2004 survey, although no longer including an additional survey of urban areas, the statewide survey sample size was increased two-fold to around 4,725 households, or nearly 12,000 individuals. This was a significant increase over the 2,625 households interviewed in the previous surveys.

Survey data has been collected from February through August in each year. The overall response rate continues to be around 60%. Interviews were conducted using computer-assisted telephone interviewing (CATI) technology. The survey design is a simple stratified sample by five regional areas in the state.

The survey was designed to provide information on both the uninsured and insured populations. The questionnaire is divided into four parts. The first part, the screener section, asks for basic information on all household members, including

whether or not each household member has health insurance coverage. The insured section asks detailed questions of the insured, the uninsured section asks detailed questions of the uninsured and a special section pertaining primarily to pharmacy coverage asks some specific questions of the population ages 65 or older. All households respond to the screener section and then continue to one or more sections as applicable. The questionnaire is available in both English and Spanish.

Survey question responses are weighted in order to produce accurate population estimates. The weights adjust for design features of the sample. Some of these design features include: the sampling methodology, if the unit of interest is individual level or household level, and non-response.

For further information on the survey methodology and for a copy of the survey instrument, please visit our website at www.mass.gov/dhcfp/householdsurvey.

Appendix 2: Regional Breakouts

Massachusetts is divided into five regions with the same number of households interviewed in each of these regions. The five regions are primarily drawn by county boundaries with the exception of Middlesex County. Middlesex was divided into two regions with some assigned to the metropolitan Boston region and the rest assigned to the Northeast region. Here is how the state was divided:

MetroBoston: Norfolk, Suffolk, and Southern Middlesex Counties

Worcester: Worcester County

Northeast: Essex and Northern Middlesex Counties

Southeast: Plymouth, Bristol, Dukes, Barnstable and Nantucket Counties

West: Berkshire, Hampden, Hampshire, and Franklin Counties

The following Middlesex county towns were joined with Essex county to form the Northeast region. All other Middlesex county towns were assigned to the MetroBoston region.

Ashby	North Reading
Ayer	Pinehurst
Groton	Reading
Pepperell	Tewksbury
Shirley	Tyngsboro
Townsend	Wakefield
Billerica	Westford
Chelmsford	Medford
Dracut	Melrose
Dunstable	Stoneham
Lowell	Wilmington

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